

TRANSCRIPT ORDER

DUE DATE:

1. NAME Dimitra H. Sampson		602-514-7500		3. DATE 4/19/2023	
4. FIRM NAME U.S. Attorney's Office					
5. MAILING ADDRESS 40 N. Central., Suite 1800			6. CITY Phoenix		7. STATE AZ
8. ZIP CODE 85004					
9. CASE NUMBER CR-22-08092-PCT-DGC		10. JUDGE Bibles		DATES OF PROCEEDINGS	
				11. 9/15/2022	12.
13. CASE NAME US v. Samuel Bateman, et al.				LOCATION OF PROCEEDINGS	
				14. Flagstaff	15. STATE AZ
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Arraignment & Dentention	
<input type="checkbox"/> BAIL HEARING				9/15/2022	
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				keona.ross@usdoj.gov	
19. SIGNATURE s/ Dimitra H. Sampson				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 4/19/2023					
TRANSCRIPT TO BE PREPARED BY					
				ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY		
DEPOSIT PAID			PHONE NUMBER		
DEPOSIT PAID					
TRANSCRIPT ORDERED			TOTAL CHARGES		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		